

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021358

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 547Registrar's No. 1529

STATE FILE NUMBER

FILED MAY 28 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis County

b. CITY (If outside corporate limits, give TOWNSHIP only)

Richmond Heights

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)

St. Mary Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY

Wellston (33)

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

6407 Page Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

Martin Leonard Hellman

First

Middle

Last

4. DATE

OF DEATH

Month

Day

Year

May201962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

4-5-1902

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Grocery

10b. KIND OF BUSINESS OR INDUSTRY

Grocery

11. BIRTHPLACE (City and state or country)

St. Charles, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry Hellman

13b. MOTHER'S MAIDEN NAME

Barbara (Gilbert)

14. NAME OF HUSBAND OR WIFE

Marion H. Hellman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Marion H. Hellman 6407 Page

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1933to 3/4/1962and last saw him alive on 5/14/62

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or title)

James M. Rully MD

22b. ADDRESS

1730 Hochsinn Rd

22c. DATE SIGNED

5/21/62

22d. BURIAL, CREMATION, REMOVAL (Specify)

Burial

22e. DATE

5-23-1962

22f. NAME OF CEMETERY OR CREMATORY

Hiram Cemetery

22g. LOCATION (City, town, or county)

Creve Coeur, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Bell Funeral Home - - Pacific, Mo.

25. DATE RECD. BY LOCAL REG.

5-21-62

26. REGISTRAR'S SIGNATURE

James M. Rully MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~active~~ Byron J Bell, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Byron J. Bell

Licensed Embalmer No. 4977

P. O. Address Pacific, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.